

DeKalb Workforce Development

BUSINESS SERVICE REQUEST FORM

Please note: We need one form completed for each position that you have available.

DATE:

COMPANY NAME:

WEBSITE:

ADDRESS:

(WORKSITE ADDRESS IF DIFFERENT):

CONTACT NAME:

CONTACT PHONE:

CONTACT FAX:

CONTACT E-MAIL ADDRESS:

Are you a private employment agency or staffing agency? ☐ YES ☐ NO

JOB DESCRIPTION: (PLEASE INCLUDE A COPY OF JOB DESCRIPTION)

POSITION TITLE:

NUMBER OF POSITIONS AVAILABLE: _____ TARGET START DATE: _____

WEEKLY WORK HOURS: 20-30 hours ☐ 30-40 hours ☐ Other ☐

SPECIFIC WORK SCHEDULE:

SALARY RATE(OR RANGE):

PERM ☐ TEMP ☐ TEMP-TO-PERM ☐ SEASONAL ☐

PUBLIC TRANSPORTATION ACCESSIBILITY YES ☐ NO ☐

IF SCREENINGS ARE REQUIRED, SELECT ALL THAT APPLY:

☐ CREDIT ☐ DRUG ☐ MVR ☐ BACKGROUND ☐ OTHER _____

Please return form to: DeKalb Workforce Development- Business Relations Unit
320 Church Street
Decatur, Ga. 30030
Ph (404) 687-3400/ Fax (404) 687-4099
www.dekalbworkforce.org

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